2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008
Secretary of State

DOCUMENT# L03000038391

Entity Name: DOCTORS' ADMINISTRATIVE SOLUTIONS, LLC

Current Principal Place of Business:

1511 N WEST SHORE BLVD
STE. 400
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

1511 N WEST SHORE BLVD
STE. 400
TAMPA, FL 33607

New Mailing Address:

FEI Number: 20-0314192 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WALKER, GARY
202 S. ROME AVE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SCHLAIFER, DAVID
Address: 371 CHANNELSIDE WKWY 1103
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SCHLAIFER, DAVID
Address: 103 MARTINIQUE AVE
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID A SCHLAIFER MGR 05/19/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date